State Facility Bed Days Utilized by MH Age/Group, HPR and Case Management CSB

For this report, patient days are extracted from the Avatar PM System. The data reflects billed days (for clients in MH facilities as of midnight) that have been verified by both the Reimbursement Office and the Medical Records staff. Charges are posted for the verified bed days by the 6th day of the current month for the previous month. This report will be run on the 10th day of the month for the previous month. Reports will be available on the Office of Mental Health Internet website for the following periods:

>YTD for Jan – Jun 2004
>>(Jul – Dec, 2003 data is not available due to the conversion from PRAIS to AVATAR.)
>
>Monthly, beginning with July, 2004
>YTD for FY 2004 - 2005

VCBR and HDMC are excluded from the report.

Clients are grouped as Child and Adolescent, Geriatric, Forensic Adult, or Civil Adult using the following definitions:

>**Child and Adolescent**
>>All CCCA clients
>>SWVMHI clients in program 486-Adolescent Services.
>
>**Geriatric**
>>All Piedmont clients
>>Catawba clients in program 443-Chronic Disease
>>ESH clients in program 441-Intermediate Care Facility (Certified)
>>SWVMHI clients in program 441-Intermediate Care Facility (Certified)
>
>**Adult Forensic**
>>Clients with a current legal status defined as forensic. This category will exclude those previously defined as Child and Adolescent or Geriatric.
>
>**Civil Adult**
>>Clients not previously defined as Child and Adolescent, Geriatric or Adult Forensic.

All patient days are assigned to the client's most current unit/legal status code as of report run time for the above groupings. Clients may move between units/legal status codes during the fiscal year, as clients move all patient days for the fiscal year will move with the client to their most current unit/legal status.

This report reflects billable days for all populations (adult, child, geriatric and forensic). Reimbursement office staff may make adjustments to the billable days for previous months, as appropriate. The FY 2004-2005 report will always reflect the most current bed utilization data. Adding the numbers in the individual monthly reports will not necessarily produce the same number as reported in the YTD Report due to billing adjustments and client unit/legal status movement.